PART B – FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to:			<u>Mail</u> or <u>Fax</u>	(I	Mail Stop ISSUE FEE Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450 571) 273-2885		
INSTRUCTIONS: This form where appropriate. All furth correspondence address as ir indicating a separate "FEE Al	ner correspondend ndicated unless c DDRESS" for ma	ce including the Pate orrected below or dir- tintenance fee notificat	SUE FEE and PUBL nt, advance orders ected otherwise in E tions.	ICATI and no Block 1	ON FEE (if required).	nce fees will be mailed	d to the current
CURRENT CORRESPONDS 49443 7590	r any change of address)		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any othe accompanying papers. Each additional paper, such as an assignment of formal drawing, must have its own certificate of mailing or transmission.				
PEARL COHEN ZED 1500 BROADWAY 1 NEW YORK, NY 100			Certif I hereby certify that the United States Postal Ser envelope addressed to	ficate of Mailing or Transn nis Fee(s) Transmittal is be- vice with sufficient postage the Mail Stop ISSUE FEE to the USPTO (571) 273-286	aission eing deposited with the for first class mail in a address above, or bein 55, on the date indicate		
						(Depositor's Name (Signature (Date	
APPLICATION NO. FILING DATE FIRST NAMED) INVENTOR	ATT	TORNEY DOCKET NO.	CONFIRMAT	ION NO.
10/560,747	12/15/2005	Ilan Ziv			P-8440-US	1679	
TITLE OF INVENTION: METHOD FOR SELECTIVE TARGETING OF APOPTOTIC CELLS AND SMALL MOLECULE LIGANDS USED THEREOF							
APPLN. TYPE SMALL EN			CATION FEE DUE	PRI	EV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional YES	\$	720	\$300		\$0	\$1,020	03/12/2008
EXAMINER		ART UNIT	CLASS-SUBCLA	ASS]		
VALENROD, YEVGENY 1621 562-427000							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (have as a member a registered attorney or agent) and the names of up to two registered patent attorneys or agents. If no name is listed, no name will be printed. 1 PEARL COHEN ZEDEK 2 LATZER, LLP 3				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGN	(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
NST NeuroSurvival T	Petach-Tikva, Israel						
Please check the appropriate assign	nee category or cat	egories (will not be prin			ridual 🛛 Corporation o	or other private group entit	y Government
4a. The following fees(s) are ☐ Issue Fee	4b. Payment of Fee(s): ☐ A check in the amount of the fee(s) is enclosed.						
☐ Publication Fee (No sn	☐ Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of C	☐ The Director is hereby authorized to charge the required fee(s), or credit any overpayment to Deposit Account Number 50-3355 (enclose an extra copy of this form)						
5. The following fees(s) are enc	closed:			•			
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Authorized Signature:	lowir by the recor	ds of the Officed States	s ratent and Tradema		e: March 9, 2008	A. A	
Typed or printed name: Zee	Registration Number: 60,234						
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